Web Resources on Suicide and Suicide Prevention

Evaluation Information

Georgia Suicide Prevention Plan
http://www.georgiasuicideplan.org

Evaluation Handbook from the W. K. Kellogg Foundation for Community-Based Projects
http://www.wkkf.org/publications/evalhdbk

Primer on Evaluation from the U.S. Department of Justice
http://www.bja.evaluationwebsite. org

The Public Health Approach to Evaluation
http://www.cdc.gov/eval

University of Kansas Community Programs Evaluation
http:/ /ctb.Isi.ukans.edu

National and International Organizations Working for Suicide Prevention

American Association of Suicidology
http://www.suicidology.org/

American Foundation for Suicide Prevention
http://www.afsp.org

Faith in Action (the Robert Wood Johnson Foundation)
http://www.faithinaction. org

Georgia Suicide Prevention Plan
http://www.georgiasuicidepreventionplan.org

The Link: National Resource Center for Suicide Prevention and Aftercare
http://thelink.org/

National Organization of People of Color Against Suicide
http://www.nopcas.com/

Suicide Awareness Voices of Education
http://www.save.org/

Suicide Prevention Advocacy Network USA
http://www.spanusa.org/

Suicide Prevention Efforts in Canada
http:/ /www.suicideinfo.ca/

Suicide Prevention Efforts in Norway
http://www.med.uio.no/ipsy/ssff/

Suicide Prevention Research Center
http://www. suicideprc.com/

World Health Organization Suicide Prevention Efforts
http://www.who.int/mental_health/Topic_Suicide/suicidel.html

Youth Suicide Prevention in Australia
http://www.nhmrc.health.gov.au/publicat/pdf/mh12.pdf

National Strategy for Suicide Prevention

Comprehensive National Strategy for Suicide Prevention Web Site
http://www.mentalhealth.org/suicideprevention

Suicide Prevention Advocacy Network, USA
http://www.spanusa.org

Surgeon General's Web site: Call to Action
http://dev.shs.net 8004/suicide/strategy/calltoaction.htm and www.spanusa.org

State Suicide Prevention Efforts

Wisconsin Suicide Prevention Strategy
To be established on state Department of Health and Family Services web sites

State Planning for Suicide Prevention
http://www. wwu.edu/~hayden/spsp

State Resources for Child Injury and Violence Prevention
http://www.edc.org/HHD/csn/StateResources/state.htm

Suicide Prevention Resources by State
http://www.edc.org/HHD/csn/Suicide0.pdf

Suicide Data

Centers for Disease Control and Prevention National Center for Injury Prevention and Control Data
http://www.cdc.gov/ncipc/osp/data.htm

Costs of Completed and Medically Treated Suicide
http://www.edc.org/HHD/csn/sucost.pdf

Maternal and Child Health Bureau Block Grant Data
http://www.mchdata.net/

Web Based Injury Statistics Query and Reporting System (WISQARS
http://www.cdc.gov/ncipc/wisqars

Suicide and Suicide Prevention Information

Center for Mental Health Services Suicide the Five W's: Depression and Mood Disorders
http://dev.shs.net:8004/suicide/fivews/rates.htm

Crisis Management in Schools Following a Suicide
http://www.ed.gov/databases/ERIC_Digests/ed315700.html

Evangelical Lutheran Church in America. A Message on Suicide Prevention
www/elca.org/dcs/suicide_prevention.html

National Institute Mental Health Frequently Asked Questions about Suicide
http://www.nimh.nih.gov/research/suicidefaq.cf

National Institute of Mental Health Selected Bibliography on Suicide Research--1999
http://www.nimh.nih.gov/research/suibib99.cfm

National Institute Mental Health Suicide Fact Sheets
http://www.nimh.nih.gov/research/suifact.htm

Providing Immediate Support for Survivors of Suicide
http://www.ed.gov/databases/ERIC_Digests/ed315708.html

Role of Maternal and Child Health Bureau in Youth Suicide Prevention
http://www.edc.org/HHD/csn/Suicidef.pdf

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Appendix A: Risk and Protective Factors for Suicide

The base for suicide prevention comes from identifying suicide risk factors, suicide protective factors, and their interactions. Suicide risk factors are things that *increase* the potential for a person's suicide or suicidal behavior. A person's age, gender, or ethnicity can increase the impact of certain risk factors or combinations of risk factors for them. Understanding risk factors can help counteract the myth that suicide is a random act or results from stress alone. Suicide protective factors are things that *reduce* the potential for a person's suicide or suicidal behavior. Protective factors include attitudes and behaviors.

Some risk factors cannot be changed, such as a previous suicide attempt, but even these may have a purpose as reminders of the heightened risk of suicide when the individual is ill or encountering adversity. To prevent suicide, enhancing resilience and protective factors is as important as reducing risk. Unfortunately, resilience against suicide is not permanent. This means that activities to support and maintain protection against suicide need to be repeated and ongoing.

The following Risk Factors and Protective Factors for Suicide are identified in the *National Strategy for Suicide Prevention: Goals and Objectives for Action.*

Risk Factors for Suicide

Biological, Psychological and Social Risk Factors

- Previous suicide attempt
- Mental disorders, particularly mood disorders such as depression and bipolar disorder, anxiety disorders, schizophrenia, and certain personality disorder diagnoses
- Alcohol and substance abuse disorders
- Family history of suicide
- History of trauma or abuse
- Hopelessness
- Impulsive and/or aggressive tendencies
- Some major physical illnesses

Environmental Risk Factors

- Job or financial loss
- Relational or social loss
- Easy access to lethal means
- Local clusters of suicide that have a contagious influence

Socio-cultural Risk Factors

- Lack of social support and sense of isolation
- Stigma associated with help-seeking behavior
- Barriers to obtaining access to health care, especially mental health and substance abuse treatment
- Certain cultural and religious beliefs, for instance the belief that suicide is a noble resolution of a personal dilemma
- Exposure to the influence of others who have died by suicide, including media exposure

Protective Factors in Preventing Suicide

- Effective clinical care for mental, physical, and substance use disorders
- Easy access to a variety of clinical interventions and support for help-seeking
- Restricted access to highly lethal methods of suicide
- Strong connections to family and community support
- Support through ongoing medical and mental health care relationships
- Learned skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Cultural and religious beliefs that discourage suicide and support self-preservation

Appendix B:
Development of the Wisconsin Suicide Prevention Strategy

Only recently has knowledge become available to help us approach suicide as a preventable problem with realistic opportunities to save many lives. The Wisconsin Suicide Prevention Strategy is framed upon these advances in science and public health. It is connected with national efforts to develop strategies for suicide prevention that can be carried out by public and private partners in communities across the country.

There has been international interest in suicide prevention for many years. In 1993, the United Nations/World Health Organization, in collaboration with a Canadian partnership led hosted an international conference in Calgary, Canada. The results of that meeting were documented in a publication called *Prevention of Suicide: Guidelines for the Formulation and Implementation of National Strategies* (*United Nations* 1996). The UN *Guidelines* were developed as a way to facilitate the development of national strategies for the prevention of suicidal behaviors within the socio-economic and cultural context of any interested country *(Ramsey* 2001).

SPAN USA was founded by Elsie and Jerry Weyrauch in January, 1996, to create and implement a national suicide prevention strategy based on the *UN Guidelines.* SPAN USA members include suicide survivors (persons close to someone who completed suicide), suicide attempters, persons providing support for survivors and advocates of suicide prevention. SPAN USA' s efforts to mobilize political action for suicide prevention generated United States Congressional resolutions recognizing suicide as a national problem and suicide prevention as a national priority. As part of a 1998 National Suicide Prevention Conference in Reno, Nevada, SPAN USA and the Centers for Disease Control and Prevention commissioned briefing papers to summarize the evidence base for suicide prevention strategies among at-risk populations and to make recommendations for public health action (*Silverman, Davidson, and Potter,* 2001). Conference participants included researchers, health, mental health and substance abuse clinicians, policy makers, suicide survivors, consumers of mental health services, and community activists and leaders. Five delegates represented Wisconsin.

Following the work of the Reno Conference, Surgeon General David Satcher issued his *Call to Action to Prevent Suicide* in July, 1999, emphasizing suicide as a serious public health problem (*USPHS,* 1999). The Surgeon General's *Call* introduced a blueprint for addressing suicide prevention through Awareness, Intervention, and Methodology (AIM). AIM describes 15 broad recommendations containing goal statements, general objectives and recommendations for implementation that are consistent with a public health approach to suicide prevention. The recommendations were selected according to their scientific evidence, feasibility and degree of community support.

The recommendations of the SPAN USA Reno meeting, the *Call to Action* and subsequent critical examination by scientific, clinical and government leaders, other professionals and the general public resulted in a comprehensive plan outlining national goals and objectives that would stimulate the development of defined activities for local, state and federal partners. SPAN USA has worked to build its own state plan, the Georgia Plan, in concert with the National Strategy while incorporating specific state needs and interests.

In 2000, a Wisconsin work group was formed through an informal collaborative partnership to address the need for a Wisconsin state strategy. Following participation in a teleconference call with the Surgeon General and ten other states that have suicide prevention plans, this Wisconsin work group adapted goals and objectives from the National Strategy and from the Georgia Plan for the Wisconsin Strategy.

Appendix C: Glossary of Terms Used in the Wisconsin Strategy

Assessment - The ongoing process of information gathering, examination, and evaluation to a) determine risk, b) identify contributing factors which may be modified, c) diagnose, if applicable, d) choose optimal interventions or treatments, and e) track the impact of interventions or treatments.

Attempters - See *suicide attempt.*

Community capacity - The characteristics of communities that affect their ability to identify , mobilize, and address social and health problems and the cultivation and use of transferable knowledge, skills, systems and resources that affect community and individual level changes consistent with population health-related goals and objectives. (Goodman et. al., 1998)

Connectedness - A person's sense of belonging with others. A sense of connectedness can be with family, school, workplace, and community.

Effectiveness - Effectiveness studies test the real world impact of interventions that have been shown to be efficacious under controlled conditions. These studies are needed to determine whether results from studies carried out under very controlled situations may be generalized to other settings.

Efficacy - Efficacy studies are used to develop and refine interventions under experimental conditions. These settings are usually controlled to represent ideal conditions.

Epidemiology - The study of statistics and trends in health as applied to the whole community or population.

Evidence-based programs - Those programs that have some research showing that the program was associated with the intended beneficial outcome(s).

Follow-back study - A study carried out after a death to provide information from persons or from existing records that will add to the information sources used by the coroner or medical examiner in determining the cause of death. Example: the collection of the same categories of information about persons who had died by suicide and persons who had died from heart disease in order to compare the two groups and help understand their risk and protective factors.

Gatekeeper training - Training for community members who have face-to-face contact with many others as part of their usual routine. Training usually includes recognition of persons at risk of suicide and information on how to refer for treatment or supporting services, as appropriate.

Interventions - Actions or programs that can reduce the effect of risk factors and/or increase protective factors. An example of an intervention would be providing effective treatment for depressive illness.

Mental Health Screening - Surveys done by health care professionals, schools, and others to identify people who have a mental illness and to refer them to mental health professionals.

Outcome - A measurable change that can be attributed to an intervention or a program.

Outreach programs - Programs with staff that go into communities to deliver services or recruit participants.

Population - based interventions -Interventions targeting populations or communities rather than individuals.

Primary care - The care system that provides the first point of contact for those in the community seeking general assistance; for example, family practitioners or pediatric nurse clinicians.

Program evaluation - The process used to measure the outcomes of a program or service.

Providers - Professionals who offer health, mental health, treatment, or social services.

Protective factors - Those characteristics and circumstances that reduce the likelihood of suicide or suicidal behaviors.

Resilience - Capacities within a person that promote positive outcomes, such as mental health and well-being, and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

Risk factors - Those characteristics and circumstances that make it more likely for suicide or suicidal behaviors to occur.

Stakeholders - The groups and individuals that care about or are affected by suicide prevention decisions and policies.

Substance use disorders - Disorders in which drugs, including alcohol, are used to such an extent that social and occupational functioning is impaired and control or abstinence becomes impossible.

Suicide attempt - (Also Attempters) Nonfatal behavior that is intended to end one's own life, and which may produce self-injury.

Suicidal behavior - Suicidal behavior includes a range of activities related to suicide and self-harm, including suicidal thinking, self-harming behaviors without thoughts of death, and suicide attempts.

Suicide - Intentional, self-inflicted death.

Suicide attempt survivors - Individuals who have previously attempted suicide.

Suicide survivors - Family members, significant others, or acquaintances who have experienced the loss of a loved one due to suicide. In other publications this term may be used to refer to suicide attempt survivors.

Surveillance - The regular monitoring of health conditions in the population through the systematic collection, evaluation, and reporting of measurable information. Surveillance can be used to understand trends.

EDITOR'S NOTE: Many entries in this Glossary quote or adapt usage from *National Strategy for Suicide Prevention: Goals and Objectives for Action; Mental Health: The Surgeon General's Report; and the Wisconsin Blue Ribbon Commission on Mental Health Final Report.*